

APPLICATION FOR LICENSE ACCOUNTANCY FIRM OR BRANCH



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF ACCOUNTANCY

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8627
Hearing Impaired: (207) 624-8563
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Accountancy Firm or Branch

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- License application and payment for \$10.00 for a Firm License and \$10.00 for a Branch License

Incomplete applications will be returned.

LICENSING INFORMATION:

All firms with offices in this State, and all other firms that provide accounting services for which a license is required pursuant to the law, to clients with principal offices in this State, must be licensed.

All firm/branch office licenses expire December 31 annually.

The Board requires that you indicate on the application the name and individual permit number of each partner, member, officer or shareholder who regularly works in this State, and the name and individual permit number of each employee holding a certificate who regularly works in this State.

Each firm that provides a defined service, other than compilations, must successfully participate in an approved peer review program. A peer review must be completed within 18 months after the initial granting of the permit and every three years thereafter for as long as the firm provides a defined service other than compilations.

Any individual who is responsible for the conduct of any engagement to deliver service for which a license is required pursuant to the law, to clients with offices in this State, shall be deemed to regularly work in this State.

Every firm holding a valid permit issued by the Board of Accountancy shall notify the Board in writing of the following changes. Such notification to be made within 30 days from the effective date of said change.

- Change or modification of firm name;
- Change of business address;
- Establishment of new or additional office(s);
- Change of organization form;
- Change of ownership; and
- In the case of firms without offices in this State, any change in the list of partners, members, officers, shareholders or employees who regularly work in this State.

ACCOUNTANCY FIRM OR BRANCH LICENSE APPLICATION

Revised: 12/28/04

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF ACCOUNTANCY
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563

Office Use Only

Ck # _____
Amount: _____
Cash #: _____
☐ 4110-1423 (Firm)
☐ 4110-1424 (Branch)

PLEASE CHECK TYPE OF LICENSE APPLYING FOR:

☐ ACCOUNTANCY FIRM ☐ ACCOUNTANCY BRANCH

**LICENSE FEE: \$10.00 - FIRM
\$10.00 - BRANCH**

PAYMENT OPTIONS: ☐ Check or Money Order Payable to "Treasurer State of Maine".
☐ Credit Card: MasterCard or VISA Only. Complete the following:
I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date _____
in the amount of \$10.00. Signature _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of Firm/Branch Office: _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number or Federal I.D. Number: _____

Does your firm provide a defined service other than compilations? ☐ Yes ☐ No

If yes, a peer review must be completed within 18 months after the initial granting of the permit and every three years thereafter for as long as the firm provides a defined service other than compilations.

Name of Person in Charge of this Firm/Branch: _____

Permit Number of Person in Charge of this Firm/Branch: _____

The Person in Charge of this Firm/Branch is licensed in the following state(s): _____

Person in Charge of Firm/Branch is in Good Standing in States Licensed? ☐ YES ☐ NO

LIST ALL PARTNERS/SHAREHOLDERS OF FIRM/BRANCH

NAME OF ALL PARTNERS/SHAREHOLDERS	LICENSE JURISDICTION	PERCENTAGE OF OWNERSHIP	INDICATE IF ACTIVE PARTICIPANT OF FIRM

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

LIST NAME OF EACH LICENSEE WHO REGULARLY WORKS IN THIS STATE TO INCLUDE PARTNER, OFFICER, SHAREHOLDER OR EMPLOYEE

NAME	LICENSE JURISDICTION	LICENSE NUMBER

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY PERSON WHO PROCURES A LICENSE BY FRAUD IS GUILTY OF A MISDEMEANOR AND MAY BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH.

Date: _____

(Signature of Person in Charge of Firm/Branch)